

AREA
the V-minute news

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THIS IS WHAT HAPPENED RECENTLY

Highlights of the CCRMP STAFF CONSULTANTS meeting on November 6:

Paul D. Ward, Executive Director, reported indications that the action by the Senate Committee on appropriations will be favorable with regard to the hoped-for \$100 million appropriation for RMP. The provision in Yarborough and Staggers bills to extend RMP suggest that the programs must take cognizance of other health planning; this leaves the Administration free to write whatever rules and regulations are desired but this language will probably be modified. Another view is that RMP and Comprehensive Health Planning (COMP) should relate, with RMP assuming responsibility for planning personal health care services. Mr. Ward said there are indications that provision for RMP representation at state and local levels of COMP might be written into the extension bills.

A request for funding of \$3,720 through the mechanism of pro-rata sharing from each Area for a Survey of Radiation Therapy Facilities in California, endorsed by the Categorical Cancer Committee, was referred to the Data Subcommittee for consideration.

There was discussion about the agenda for the CRMP Statewide Conference scheduled for November 24 at the Airport Marina Hotel, Los Angeles. Area Coordinators were requested to prepare papers which would help to formulate questions regarding present direction and the effect of this of possible changes at the national level of RMP.

AREA V ADVISORY GROUP, at their November 11 meeting:

- welcomed MRS. LILLIAN O'BRIEN, RN, as the new representative for California Nurses Association, replacing Mrs. Sheila Cadman who has taken a position with Area IV RMP as Nurse-Coordinator.
- voted to expand membership to include L.A. County pharmacists and California Dietetic Association. JESSIE C. OBERT, Ph.D. will represent the latter.
- decided against formalized bylaws but recommended policy to govern replacement of absentee members.
- discussed the LACMA Position Paper.
- approved AREA V investigation of what might be done to assist the work of free clinics.

WILLIAM A. MARKEY, Deputy Coordinator, spoke for AREA V on November 18 when the Ad Hoc Committee on Goals and Development of the TB and Respiratory Disease Association invited AREAS V and IV and Comprehensive Health Planning to brief them on the current status of their organizations and to predict probable future developments for the next decade.

Highlights of the CCRMP Meeting, Nov. 12 in San Francisco:

Approved were the following proposals: Area VIII Rapid Hospitalization for Acute Myocardial Infarction; Area VIII Community Referral and Information Services; Area IV Nurses Coronary Care Training Program; Area IV Central Coast Coronary Care System; Area IV Medical TV Network Continuation Application; Area I Solano Supplement to the Proposal for Rehabilitation and Continuity of Care Services; Area VII Rehabilitation through Education, Assessment and Coordination. Disapproved were: Area IV Continuing Education of Physicians Project and Area IV Perinatal Crisis Care Training and Service.

On November 13, CLYDE E. MADDEN, ACSW (Asst. Coordinator - SOCIAL WORK) and Miss Wilma Gurney, ACSW, (Area IV Advisory Council representative from the National Council of Social Workers) made a joint report on RMP activities in Los Angeles County to the Health and Medical Services Council of the Los Angeles Area Chapter of the National Association of Social Workers. NASW's Health Council is particularly interested in AREA V's health transportation study, in our continuing education programs for social workers and our consideration of the possibilities for improving health care in out-of-house facilities by the use of social workers.

"Mission completed" was the report of the STROKE LIAISON NURSE TASK FORCE, as they finished their meeting on November 18. For their hard work in setting up the role description of the rehabilitation liaison nurse, administrative policy guidelines, curriculum content and methodology, AREA V thanks Mrs. Marilyn Friedman, RN, Miss Mary Lindsay, RN, Mrs. Colleen Madaris, RN, Miss Mary Metzger, RN, Miss Ann Paes, PRNC, Miss Mary Pratt, RN, Mrs. Josephine Preisner, RN, Mrs. Karen Schultz, RN, Miss Anita Beaman, RN. K&Y D. FULLER, RN, staffed this project.

FRANK F. AGUILERA (Asst. Coordinator, Community Programs) has been invited to speak on the subject of "Myths and Attitudes in the Delivery of Health Care" before the American Hospital Association Conference on December 9-10. Theme of the conference is "The Urban Hospital in the Changing Community." Other speakers will be: Charles Hamilton, Ph.D., Department of Political Science, Columbia University; LISTON WITHERILL, Deputy Commissioner of Hospitals, Los Angeles (and AREA ADVISORY MEMBER) William Grier, MD, Asst. Professor Psychiatry, Univ. of California Medical Center, San Francisco.

C A L E N D A R

STAFF MEETINGS ARE SUBJECT TO SUDDEN CHANGES--PLEASE CHECK WITH OFFICE FOR LATEST INFORMATION
ALL MEETINGS ARE IN CONFERENCE ROOM UNLESS OTHERWISE INDICATED

NOV.			
21	9:00 a.m.	Conference on San Fernando Valley Community Health Resources	Sportsmen's Lodge Studio City
to	3:30 p.m.		
21	11:30 a.m.	AREA V Committee Chairmen's Meeting	
21	2:00 p.m.	CCRMP Stroke Meeting	Airport Marina Los Angeles
to	5:00 p.m.		
22	8:30 a.m.	East Los Angeles Health Conference	LAC-USC Med. Center Auditorium
to	1:00 p.m.		
24	10:00 a.m.	Statewide CRMP Conference	L. A. Airport Marina Hotel
to	4:30 p.m.		
24	5:00 p.m.	CCRMP Cancer Committee Meeting	San Francisco Airport
to	9:00 p.m.		
26	9:30 a.m.	AREA V Staff Meeting	
27 and 28		THANKSGIVING HOLIDAY	

A REPORT OF THE RMP WESTERN COORDINATORS MEETING

November 7-8, 1969 - Seattle, Washington
From William A. Markey

For those who had been to the Airlie House Conference II, this meeting was somewhat repetitious; however, it was valuable to hear different perceptions of what went on at Airlie House and of RMP's future.

Dr. Olson emphasized RMP's role in dealing with the capacity of the health care system. He stressed needs of the inner-city and used such terms as "continuity of care," "relativity to the community," etc. He perceived RMP as a linkage mechanism rather than primarily a project mechanism. He indicated that RMP could help stress quality and perhaps even work towards recognition of such things as "incentive reimbursement" for health professionals. The most significant statement made by Dr. Olson, I feel, was that RMP should deal with the major health problems of large groups of people, rather than with peripheral problems.

On Friday afternoon, our small group discussion dealt with the tight budget situation. No formalized conclusions were made, but it was felt that core staff groups could and should address themselves to major health problems of their Regions or Areas. There was some question as to whether the constituency of the various supporting groups might change as a result of this shift in emphasis. It was felt that new support would be forthcoming as explorations into communities and rural problems went forward. The role of RMP as a "broker" for existing health agencies and services was much discussed.

Miss Barbara Kerr, R.N., Chief of the Nursing Program of Intermountain RMP, spoke about the use of the Multi-Media Training Programs in Coronary Care. Apparently they have found large numbers of mechanical problems which, in rural areas where a lot of advance scheduling and travel was involved, proved embarrassing. The equipment frailties were such that they were not able to depend on leaving the equipment at a hospital for people to use in self-teaching sessions. These results were preliminary, but great caution was expressed relative to wide-spread use of the multi-media equipment as a possible substitute for individual or class instruction.

I was most impressed with the presentation "Medex" as one answer to the physician shortage. This work is being done under a grant from Dr. Sanazaro's area at Bethesda. In the state of Washington there are 15 former military medical corpsmen, trained and experienced in "independent duty," who have had three months of training at the University of Washington and are now on field assignments with practitioners throughout the state. Some are in rural areas, some are in a group practice hospital in Seattle. In general, the experience has been favorable. Elaborate evaluation of the program is going on, perhaps to the point of distraction of the practitioner, preceptors and the "students." A general practitioner from a rural area indicated great enthusiasm for the individuals who had come to help him. He reported that in one of his offices there was a 75% increase in the number of patients seen and treated during October 1969 (the first full month of the program) compared with an average of five previous Octobers; in another office there was an increase of 20%. This program requires much individualized attention, and has had passive, if not expressed, support from insurance carriers, the state medical association, etc.

The Saturday morning session dealt with examples of RMP activities already being carried on in the tone set at Airlie House II. Many of these programs are beginning to show careful study and cognizance of vital problems as perceived by recipients of health care in many of the areas.